

Partners in Recovery

INPATIENT DISCHARGE PLANNING CHECKLIST

Date _____ Site _____
 CM/CL _____ CC _____
 Consumer Name _____ Prescriber _____
 Consumer DOB _____ CIS ID _____
 Inpatient Facility _____ Date of Discharge _____

Evaluation Criteria	Yes	No	N/A
1. Were there adequate services, supports and interventions provided prior to the inpatient admission to try to prevent the admission?			
2. Did a Prescriber-to-Prescriber consultation occur within 24 hours of admission to discuss symptoms and medication management?			
3. Did a member of the Clinical Team contact the Inpatient Social Worker to discuss the Admission/Discharge Plan within 24 hours?			
4. Did the Clinical Team attend a scheduled staffing at the hospital?			
5. Was the Consumer seen by a member of the Clinical Team within 72 hours of admission?			
6. Was the outpatient discharge plan placed in the medical record with the ISP?			
7. If the Consumer was hospitalized for 7 days or longer, is there a copy of the ITDP in Consumer's medical record?			
8. Is there evidence that the Outpatient Clinical Team participated in the development of the Discharge Plan?			
9. Did the Clinical Team coordinate care with guardian, family, or designated representative in the Discharge Planning process?			
10. Was the Consumer seen by the Prescriber within 72 hours of discharge?			
11. Did a member of the Clinical Team (excluding the Prescriber) maintain daily contact with Consumer via telephonic and/or face-to-face contact during the first 5 working days following discharge?			
12. Was the Discharge Plan appropriate and followed by the Clinical Team?			
13. Was the Consumer's PCP notified of the inpatient admission?			

Recommendations _____

 Name, Title and Credentials of Person Completing Report

 Date

 Case Manager/Clinical Liaison

 Date Reviewed With CC

